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CONFIRMATION NO. 3665

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APPLICANTS

Daniel Lee Hamilton, Hilliard, OH;
 William Richard McMichael JR., Cumming, GA;
 Esther J. Pigg, Monroe, LA;
 Cathy E. Webber, Atlanta, GA;
 Hans D. Dreyer, Gahanna, OH;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OH	17	22	2

ADDRESS

SUTHERLAND II
 SUTHERLAND, ASBILL & BRENNAN, LLC
 999 PEACHTREE STREET
 ATLANTA, GA 30309
 UNITED STATES

TITLE

Payment processing with selection of a risk reduction technique

FILING FEE RECEIVED 1186	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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